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The Unmarried Mother

BY MABEL KNISELEY

So much publicity has been given recently to matter pertaining to social evils that I am encouraged to believe that, at last, the laity must know something of this great question that lies nearest the heart of the social worker.

In our grandmothers' and, indeed, our mothers' day, the prostitute was something not to be mentioned at all, and the unfortunate girl was spoken of only with bated breath. As for the two diseases—Gonorrhoea and Syphilis—they were associated (if known at all) only with the prostitute, and so were also among the list of "tabooed subjects," and our very silence on the subject of this canker worm has permitted it to eat at the heart of society and destroy national verility.

Among the underlying causes of this social evil are:

1. Ignorance.
2. Abnormal thirst for sensational pleasure.
3. A double standard of morality.
4. Feeblemindedness.

Seeds of immorality are sown in infancy when the wee toddlers of two to five are allowed to play on the city streets insufficiently clad. The

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child, in consequence, becomes bold and immodest, and early acquires habits that in later years may lead to immorality. Those of you who have visited Elizabeth and Chestnut Streets, or Centre Avenue, will have a mental picture which will be quite sufficient for you to understand what I mean.

From the child of the avenue to the child of the ward, recreation of some sort is an absolute necessity. The daughter of the avenue finds her's at the bridge party, the opera and the society or drawing-room dance. The daughter of the ward finds her's at the public dance hall, the movie and the cheap theatre, or on the streets. The daughter of the avenue is protected by her home environment and early training in the conventionalities of society. But when even she sometimes loses her chastity, what can we expect of the one who has never had such protection? Atfer the excitement of the dance or the movie, the daughter of the ward, as a rule, has no home to which she may take her escort. She has only her bed-sitting room in the cheap boarding house, where callers may remain, with impunity, until 10.30 or 12.30 o'clock, or the other alternative, the street —and in either case she is in danger.

What boy of good birth and breeding will take into his home, to mingle with his family, a girl who has been known to have had a child? Or what mother would allow her to remain were she by any chance to find her way into the sacred precincts of her fireside? But what parent, or daughter, or son, refuses to admit the young man of good social standing who has been known to have "sowed his wild oats" or to have been "a little fast?"

Is there any reason why a thing is wrong for one and not for another? Can you not see how the pure girl becomes the prey of the libertine when she becomes the wife of the young man who has been "a little fast?" If there is anything in the law of heredity, is there any reason why her offspring should not inherit the vicious tendencies of the father, any more than the beautiful characteristics of the mother, to say nothing of the inheritance of disease?

Each month brings from five to fifteen of these victims of the social evils to the Burnside. With these I find my work.

From all the outlying districts of Toronto the unfortunate girl hopes to find a haven in the big city, and therefore we have not only the legal resident of Toronto, but the girl who has come here for the express purpose of obtaining care in her confinement.

When the knowledge of the possibility of motherhood first comes to her, her one desire is to get away from her friends and hide her shame. To her the disgrace is in being found out to have had a child. Seldom does the actual sin which brought these disastrous results prey heavily upon her.

One type of girl we never have—that is the child of the avenue. Unmarried girls are never admitted to any but the public ward of our

hospital, and she who can pay well goes where the social worker has no admittance, and finds a way—fair or foul—to dispose of her child. She can then return to her former mode of life in comparative security from gossiping tongues, but be assured she is not likely to be a stronger, truer or purer woman for her unfortunate experience.

And the place where the social worker receives no welcome is the licensed maternity home. There are at the present time fourteen of these in Toronto. They are well advertised, so the girl of the avenue can make all arrangements by paying so much "down" and from $25 a week upwards for her confinement care. She may have her private doctor, and she need never see her baby, as the keeper of the home will put it at once on a feeding formula if the mother wishes. By tightly binding the breasts and the giving of cathartics, the mother suffers no inconvenience or discomfort from not nursing her child. The keeper of this home has, of course, discussed the question of adoption with the girl, and may know of an excellent home for the infant, if the mother is willing to give a dowry with the child. Naturally the mother is willing, and so she, or the friends interested, pay $50 or $100 to the Home and leave it to them to make all other arrangements. Therefore, at the end of two weeks, or a month, the girl goes out, salving her conscience by trying to believe that the keeper of the Maternity Home was such a motherly woman and so interested in the welfare of her baby. And the baby? It may find a good home, or it may lie in the cemetery, who knows and who cares?

The girl who does come to us, then, is the one with too limited means for private care, and the type varies from the common prostitute to the poor, little, frightened innocent, whose lover has betrayed her.

Each one is a case to be dealt with individually, and requires careful thought, thorough investigating and tactful handling. We have all nationalities, English, Scotch, Irish, Canadian, Finnish, Polish and Jewish, and, during the last year, out of 138 cases, we have had: Canadian 70, English 42, Scotch 8, Irish 7, American 3, Russian 2, Finnish, 2, Austrian 1, and Jewish 1.

In the four years I have been in the work, seven Jewish girls out of a total of 496 cases have been at the Burnside, and yet the Jews have made, up to the present time, no provision for these girls, believing there was no need. Of the English girls, a large percentage have been brought out by Banardo organization. This is, of course, due to the laxity in our immigration laws, permitting this organization to make our country a dumping ground of feebleminded immigrants.

The occupations of these girls are as varied as their nationalities—domestics, factory girls, shop girls, waitresses, seamstresses, milliners, and even school teachers and nurses have found their way to the Burnside. In the last year, out of 138 cases, we have had: Domestics 73, factory girls 27, waitresses 6, telephone operators 4, shop girls 4, at home 5, stenographers 3, dressmakers 2, nurses 2, laundress 1, teacher 1.

In meeting the girl for the first time, whether in the Burnside or by being referred to us from outside sources, the immediate desire is to inspire her with confidence and show her that you wish above all to be her friend. Her history is obtained, address, age, nationality, occupation, church, former residence and friends, and lastly the responsible man. She may tell you this latter on your first conversation with her, or she may refuse to tell at all. Usually she tells, but since the war too many men are overseas and so beyond our reach. Wherever possible, the responsible man is interviewed, or communicated with in some way, and either persuaded, or, in some cases, through fear of exposure, forced to contribute something toward the support of the child.

In order to understand each girl and her own particular needs, the most careful investigation is necessary. This means not only getting the girl's history, but the knowing of her employers, relatives or friends. By this we can ascertain just what part environment and what part heredity has played in her disgrace.

If invironment has been the pre-disposing factor, there is hope for the girl to live down her shame and become a self-respecting, respected citizen. If it is due to heredity, then I believe in every case we are justified in endeavoring to place her under the protection of some institution as long as our limited law will allow.

The institutions to which we have recourse are the different Church homes, the Infants' Home, The Haven, The Industrial Farm, Industrial Refuge and The Mercer Reformatory. The Church homes consist of:

1. Presbyterian Home, 123 Yorkville Street, accommodating sixteen girls and six babies.

2. Victor Home, Methodist, 341 Jarvis Street, accommodating twenty-six girls and eleven babies, and having needlework and laundry as source of income.

3. Humewood House, Anglican, Humewood Avenue, accommodating ten girls and babies.

4. Salvation Army Home, 95 Bellevue Avenue, accommodating twenty-three girls with babies, with needlework as source of income.

5. St. Mary's Home, Roman Catholic, corner Bond and Shuter Streets, accommodating twenty girls and sixty babies.

6. Mennonite Home, 62 Roehampton Street, accommodating five girls and babies, with laundry as source of income.

In each of these homes the girl is admitted before and after confinement on the understanding that she will remain a certain definite time with her baby. The length of time varies from one month to a year. While there she is guided in the care of her infant, always nursing it where possible, and is taught to perform all household duties. In addition to this, the religious side of her nature is trained, thus fitting her, who is at all teachable, to withstand temptation when she goes out into the world again. When she is considered fairly trustworthy she is supplied with

a position, either with or without her child, as those in charge of the Home deem wisest.

The Church homes are all kept up by donations and subscriptions, with the exception of the Victor Home and the Salvation Army, which receive civic and government grants as well.

The Infants' Home, St. Mary Street, will accommodate fifty girls and 130 babies. It is kept up by city and government grants and donations. Beside the care of their own babies, the girls have to care for other babies who have no mothers, and do all the work of the institution. They, too, are kept from six months to one year.

The Haven, 320 Seaton Street, will accommodate eighty girls and thirty-four babies, but only fourteen mothers and infants. Their source of income comes from laundry work, as well as government and civic grants and donations.

The Industrial Farm, fifteen miles north of Toronto, is an institution to which the girl without a home and refused by other institutions can be committed from the court. Judging from its name, it should be the ideal refuge for the girl who has gone wrong, and in the near future we hope conditions there will have greatly improved.

The Mercer Reformatory, 1155 King Street West, is the refuge for the comparatively incorrigible. She may be sentenced to six months or "two years indefinite." It was not originally intended for the mothers of babies, but those who are pregnant when committed there are returned there with their babies to finish their term. They can accommodate four mothers with their babies. They engage in all sorts of industrial pursuits.

The Industrial Refuge, 43 Belmont Street, is essentially the home of the feebleminded. A girl who is diagnosed an imbecile may be legally transferred from any one of the above-named institutions to the Industrial Refuge. It will accommodate seventy-eight girls but no babies, and the inmates, if necessary, may be detained for life. They are, of course, only comparatively happy, but they have good food, plenty of clothing, and enough work to keep minds occupied.

At the Burnside an unmarried girl has all the privileges the married woman enjoys in the way of medical care. She may attend our semi-weekly clinics from the early days of pregnancy. When unable to work she may enter the Burnside free of charge as a waiting patient. Her duties are light, but sufficient for her to feel she is earning her board, and she is also under constant observation of a physician. After her confinement, we often find that her attitude toward her baby has entirely changed. Where she even refused to think about loving it, she now begins to consider the possibility of keeping it, and I may tell you we do all in our power to foster this new found mother love.

Two weeks' care after confinement is certainly not long enough to fit a girl to take up her duties of breadwinning again. There is, therefore, a great need for some place to which she may go for convalescent care for two or three weeks.

There are only two positions open to a mother with her baby (domestic and wet nurse), and, as only a percentage of them are capable of filling these positions, we strongly advise, and, where possible, make all arrangements, for the girl to go to the Church Home. But this is the last resort of the girl who is mentally normal, and, too, the last resort of the moral degenerate, but where moral suasion fails, and in the case of the girl who is in the hospital at the city's expense, we give her the choice of a Church Home or a sentence on the charge of vagrancy. She will, as a rule, choose the Church Home. But for the girl who has paid her way, and who has a few dollars left, there is no leverage of vagrancy charge. She knows too well there are foster homes in the city, licensed by the city, where she can board her baby for from $4 to $7 a week, and to do what she chooses. She knows, too, or soon finds out, that even though she deserts her baby, she has not committed a punishable offence, because, according to our law, a child is not "deserted" unless left to exposure. Hence the temptation to be free from the burden of $16 or $20 a month grows stronger and stronger as the money to buy food and clothing becomes less and less. Nevertheless many a girl is paying out that amount regularly and is bravely taking her punishment, yes, and loving her baby too, but that does not alter the fact that the foster home serves as a loop hole for many a girl to shirk the responsibility of providing her infant with its armour of protection against disease—the mother's milk.

This work among the unmarried mothers has been essentially that of the pioneer. The attitude of the public, where it was not entirely governed by sentiment, was either indifferent or antagonistic. The social worker was at first regarded by the profession as one whose duty it was to help a girl out of difficulty in the easiest possible way. That one could have conscientious scruples against separating mother and baby seemed to some of the profession as an absolute absurdity. To probe into the cause of her sin, to investigate her home life and early training, was all a species of "meddling" quite distasteful. Yet, to be a social worker worthy of the name, one must actively engage in a propaganda of education. In one's care of the individual case one must not lose sight of the great goal—prevention of crime and reconstruction of society. In summing up, then, let me say that before any degree of efficiency can be obtained in preventive work, we must reconstruct our laws:

1. In some way we must have equal responsibility for support of the illegitimate child.

2. We must make it compulsory for unmarried mothers to nurse their babies.

3. We must have a detention hospital of some sort for the diseased mother to receive treatment, so she may not be a menace to her employers and the public.

4. We must see that the feebleminded mother of child-bearing age be placed into an institution where she cannot propagate the race of feebleminded.

Public Health Work in the Province of Manitoba

By Elizabeth Russell, R. N.

It is a recognized fact that a great majority of defects in adults, such as blindness, deafness, organic disease of the heart and kidneys, are a result of preventable diseases of early childhood, ignorance or neglect; that a large portion of the tubercular of our country were infected in early youth.

Now the state has decreed that every child must attend school, rich or poor, bright or dull, strong or weak. No expense has been spared; schools have been built and equipped, men and women efficiently trained for this work. The one object of this was to insure that these children should have sound minds, but they quite overlooked the fact that many of them might have unsound bodies, and that the defects often unrecognized by the parents or teacher were detrimental to the welfare, happiness and mental development of the child.

It is now becoming a recognized fact by the medical, nursing and teaching profession—yes, and by the community at large—that EDUCATION without HEALTH is useless.

With a view to solving this problem, the Board of Health of this Province, in the spring of 1916, as an experiment, organized a band of five graduate nurses, to be known as "Public Health Nurses," and these were stationed in different parts of Manitoba.

The experiment proved to be a success in its discovery of the need of such work, and in the warmth of its popular reception.

The staff has been increased, but many are still needed. The Board of Health estimates that some fifty or sixty nurses will be required to cover all sections of the Province, and it is their aim to have this number in the near future.

The character of the work of a Public Health Nurse is as follows: A nurse is assigned to a district; it might be a small town with from 500 to 700 school children; or a rural municipality containing about thirty rural schools. The nurse examines on an average 1,200 children yearly: This allows about two examinations during the year, and a monthly inspection of each class-room in the towns. A health card is started for each child, and any defects of vision, hearing, teeth, tonsils, symptoms of the presence of adenoids, and the conditions of the head and skin, are recorded on the card; also symptoms of any physical defects, abnormal growths and of tuberculosis. As a result of these examinations many physical defects have been discovered which required medical attention, and as a result secured it. A record is also kept of any diseases the child may have had.

The child and its parents are informed of the defects found; also defects in hearing and vision are brought to the notice of the teacher, in

order that the child may be seated nearer the front of the class—thus lessening the strain on the eyes, and enabling the child to hear what is being said.

The nurse also gives necessary health talks or lectures in each school-room, teaching the children simple rules in personal hygiene, care of the teeth, sanitation, and how to avoid, as far as possible, the taking and carrying of contagious diseases.

Important features, such as sanitation of the school buildings and their equipment, overcrowding of class-rooms, lighting, proper seating accommodation, construction of blackboards, are noted and reported on by the nurse. The sanitary conditions of the town or district detrimental to the health of children are reported to the school board, or secretary-treasurer of the school.

Children showing symptoms of an infectious disease, or any contagious skin disease, are excluded from school and the case reported to the health officer.

The discovery of defects and diseases is of little use, if the result is only the entering of the fact on the record card, or the exclusion of the child from school. The explaining of the defects to the child is, in many cases, wasted effort, and oftentimes does more harm than good. As, for instance, the boy who went home and told his mother that the the nurse said "that his eyes were to be taken out and scraped."

The idea of the home visiting is to bring before parents the importance of having defects attended to; and the detrimental effect upon the child, both physically and mentally, should these defects be allowed to go on.

It is also the aim of the Public Health Nurse to bring to mothers the knowledge that children should live and grow to become healthy citizens; also, to give counsel and instruction, as well as practical demonstration, where necessary, in all matters pertaining to child welfare, and to teach practical sanitation in the homes.

In towns where a nurse is stationed permanently she organizes Little Mothers' Leagues, where girls over twelve years of age are given lectures and demonstrations on the general care of a baby.

It is also the nurse's work to gather all information possible in reference to the prevalence of tuberculosis in the districts visited. In homes or districts where this exists, the nurse gives such information to both the patient and the other members of the household as may be necessary for their safety. She teaches that tuberculosis is a disease that can be cured, and that the essentials for that cure are not medicine, but good food, fresh air, sunlight and rest.

In short, the home visitation work is the most essential part of the plan, as without the follow-up work, with its consequent return visits to both home and school, lessons first learned might be too soon forgotten.

You will note by the following that the work of the nurses is practically all educative in character, and her time is, I can assure you, fully occupied with this work.

Occasionally cases arise where actual service is needed, and it is given.

We who have been on this work realize, perhaps not as much as we should, the great need for more school nurses and the great opportunity for service.

The following statistics will show the small percentage of normal children, especially in the rural schools, and the great need of better medical and sanitary care for all school children, with the view of correcting these defects and remedying conditions in schools which fall far short of the public health standard:

In one town of the Province, between April and October 26, 1917, about 559 children were examined.

Of these 59 were normal; 43 had symptoms of defective vision; 18 had symptoms of defective hearing; 332 had symptoms of defective teeth; 328 had symptoms of defective tonsils and adenoids, or both. Besides many have enlarged glands, and also those with symptoms of skin or eye diseases.

At twelve rural schools 284 children were examined.

Of these 13 were normal; 31 had symptoms of defective vision; 12 had symptoms of defective hearing; 177 had symptoms of defective teeth; 203 had symptoms of defective tonsils; 181 had symptoms of adenoids. Also many with enlarged thyroid glands, skin or eye diseases.

But there is another phase of the work that has, as yet, been untouched—that is, public service nursing. As we go around the country districts cases are constantly brought to our notice of the dire need of skilled help in outlying districts, where there are neither physicians nor even unskilled nurses to give timely aid.

The following are a few of the cases where there was no doctor nearer than twenty miles, or where the people, often through ignorance, neglected to call one:

A young Ruthenian woman died of puerpural infection some days after abortion, during which time she had no treatment or care whatever.

A woman of twenty-one years of age died after being three days in labor without any attention.

A woman of about thirty years of age had been in convulsions for forty-eight hours; the doctor was eventually called, and found the husband and some neighbors from an adjoining farm sitting helplessly on the bed. The woman died shortly after the arrival of the doctor.

In such districts workers rather than teachers are required who will give these people—especially these poor mothers and little children—the attention they so greatly need, and who suffer many hardships as a result of the lack of such attention.

Clubs for Nurses in India and France

By Una M. Saunders

Many years ago it was through the pioneer spirit of nurses who went out to the Crimean War at the call of Florence Nightingale that an urgent call came which resulted in the formation of one of the first Young Women's Christian Associations in London, England, where nurses might stay on their return from their labors. A long time has elapsed, and now, in a much greater war, it is interesting to see how links are once again formed between the nursing profession and the association, which has meantime become world-wide in its working.

From India, in March, 1917, a beautiful photograph arrived showing the new Nurses' Club in Bombay, a splendid house with deep verandahs all round, standing in its own grounds, and loaned to the Y. W. C. A. for this special purpose by the English admiral at the request of the wife of the Governor of Bombay. The description given of it by one of the association workers is most graphic: "This club is really just as beautiful as it can be. It was the greatest fun getting it ready, as it all had to be done in such a hurry. For a long time people here felt that there was a tremendous need for a club. Meanwhile the Australian nurses came to the association a good deal for tea, though really there was no place for them except a small tennis ground." And then she describes Lady Willingdon's zeal about it, and her cabling to the admiral for permission to turn his tenants out and use his house. Finally the club was opened, with its rest and writing rooms, billiard-room, garden and tennis grounds, and nurses began to flock into it, especially those on the ships that came from Australia, or those from Mesopotamia with wounded men. It had been very lonely work for many of those women, and a real home and a welcome in a great port city like Bombay has certainly endeared the association to some of them.

It is a far cry from India to France, but in this war we are all drawn close together, so, while Australian nurses are brought westward to India and Mesopotamia, American and Canadian nurses are going in numbers eastward to France. And there, too, they have turned to the Young Women's Christian Association as the body of women who would by their very nature do their utmost to stand by these women who, in countless hospitals, are giving themselves freely in the service of the men in the fighting line.

Soon after the United States entered the war an urgent request came from France to the National Board of the Association in New York asking that hospitality might be shown to nurses in three ways: opening a club house in Paris as a centre for them; planning rest and week-end houses for them in certain areas, and arranging recreational centres at the principal base hospitals. Very promptly the War Work Council of

the Y. W. C. A. acted in response to this request, and within a few months six secretaries were at work in France making plans for whichever branch of the work the nurses seemed to feel most helpful.

There were, of course, certain problems to be met; only military organizations were admitted to hospital grounds. The Young Men's Christian Association had been militarized, and was opening "huts" close to several base hospitals for work among the patients. Through co-operation with them, sometimes having a wing of the hut specially built for the nurses' work, the women's association has been able to secure places where nurses can be made welcome in their rest hours, and can get the change of atmosphere and thought that they so often greatly crave. These Y. W. C. A. workers have to wear a military uniform of blue grey, and seem to have secured some very becoming black velvet hats faced with blue, which adds, no doubt, to their happiness. Later news came from Paris of the probable opening of an hotel there where nurses and others can be accommodated as they pass through the city.

Private letters give most interesting side-lights on the hospital life. In one hospital a number of nurses had newly arrived, but as they were gathered from many units, unknown to each other before, they were lonelier than others would be. Their small dormitory quarters were so bad that the head nurse thought herself lucky in receiving, after much pleading, a packing case to turn into a dressing table. In France, too, there is always the lack of the warmth to which Americans are accustomed. An association hut of a cheery character near such a hospital would be warmly welcomed as a place where a letter could be written in quiet, or a cup of tea secured, or some fun and laughter enjoyed. Another visit to a group of nurses revealed their sense of isolation and longing for news of the events of the war from someone who had time to read French newspapers and answer some of the many questions with which they plied her. A Canadian nurse working in an American unit wrote home of the joy of finding the association friends waiting to welcome them on arrival. So this work is going forward wherever invitation is given and the needed workers can be secured.

Many of the American nurses at the front were members of the Y. W. C. A. before they left the shores of America, for this co-operation has not sprung up in a moment. On East 45th Street, in New York City, may be seen the twelve-storey high Nurses' Club, which is one of the eleven association buildings in that city. It can hold 250 nurses in residence, and yet is so full that accommodation for many more is needed. There are over 1,000 non-resident graduate nurse members also belonging to this club. Many of these units sailing for France have made their meeting place its large assembly room. So it is no wonder that when they reach France they feel that if possible the association should be there beside them helping, as it were, as a women's auxiliary corps.

As one of the Canadian Y. W. C. A. secretaries, I write with gladness of this work which is being carried on by our sister association

across the line, but, at the same time, it brings to me a pang of regret that hitherto the links between the nurses in Canada and the Y. W. C. A. have not been forged strongly enough to draw us with them into their arduous work in France. Perhaps there may yet be opportunities, both in this country and abroad, where we may serve alongside each other, for we are all social workers, only with different spheres of work.

Who Is Our Favorite Author?

By M. Perceval Judge

Having honestly considered the question from all possible angles, we are bound to make the uninteresting confession that we have not got one.

Willing, we admit, to having a wide number of favorites, but no single giant towering above mankind in the so-called limelight of our vision. Probably lack of imagination on our part, or ignorance; nevertheless the fact remains that he has yet to be found. On the other hand, we continually find ourselves turning to certain writers for the especial kind of knowledge we believe they can give us. Once, in the long days of impatient youth, we told an unsuspecting acquaintance that we often read Marcus Aurelius before going to a dance—it helped to steady us. From his blank, expressive face we concluded he had never heard of the "Meditations," and would enquire of the next person, "Who on earth is Marcus Some-thing-or-another?" and why should a girl study him before going to a dance?

Five men, chosen from a group of poetical and philosophical book friends, we now intend to quote from, each having suggested many ideas to the would-be broadening of our own:

Confucius—For his pithy sayings—concise proverbial wisdom in a nutshell.

Marcus Aurelius—His matter-a-fact common sense, usable for all ages. That lonely man's sympathy for others, lighting the many dark places of *"Amiel's Journal."*

The buoyant strength of sane religion coursing through the *"Letters and Memories of Charles Kingsley."*

And lastly the ethical haunting beauty of *"Maeterlinck's Early Essays."*

Many of the following quotations will be familiar, but we would like to think they are worth repeating:

From the Analects of Confucius.

Learning, without thought, is a snare; thought without learning is a danger. When you know a thing, maintain that you know it; and when

you do not, acknowledge your ignorance. This is characteristic of knowledge.

Where plain naturalness is more in evidence than polish, we have the man from the country. Where polish is more in evidence than naturalness, we have the town scribe. It is when naturalness and polish are equally evident that we have the ideal man.

There are three attainments of the superior man, the being sympathetic without anxiety, wise without scepticism, brave without fear.

Be generous yourself, and exact little from others; then you banish complaints.

From the Meditations of Marcus Aurelius.

Let your air be cheerful; depend not upon eternal supports, nor beg your tranquility of another.

Look inwards, for you have a lasting fountain of happiness, a home that will always bubble up if you will but dig for it.

Your manners will depend very much upon the quality of what you frequently think on, for the soul is as it were tinged with the color and complexion of thought.

To understand the true quality of people you must look into their minds and examine their pursuits and aversions.

From Amiel's Journal.

By despising himself too much a man comes to be worthy of his own contempt.

At bottom, everything depends upon the presence or absence of one single element in the soul—hope.

Is not making others happy the best happiness? We are surprised to find ourselves the possessors of a power of which we are not worthy, and we long to exercise it purely and seriously.

Those who have not suffered are still wanting in depth, but a man who has not got happiness cannot impart it. We can only give what we have. Happiness, grief, gaiety, sadness are by nature contagious. Bring your health and your strength to the weak and sickly, and so you will be of use to them. Give them not your weakness but your energy —so you will revive and lift them up.

Life alone can re-kindle life.

From Charles Kingsley.

What we all want is inward rest, rest of heart and brain; the calm, strong, self-denying character which needs no stimulants, for it has no fits of depression; which needs no narcotics, for it has no fits of excitements; which needs no ascetic restraints, for it is strong enough to use God's gifts without abusing them; the character, in a word, which is truly temperate, not in drink and food merely, but in all desires, thoughts and actions.

There is many a road into our hearts besides our ears and brains; many a sight, and sound, and scent, even, of which we have never thought at all, sinks into our memory, and helps to shape our character. Never lose an opportunity of seeing anything beautiful. Beauty is God's hand-writing—a wayside sacrament; welcome in its every fair face, every fair sky, every fair flower, and . . . . drink it in, simply and earnestly, with all your eyes; it is a charmed draught, a cup of blessing.

Maeterlinck.

How strangely do we diminish a thing as soon as we try to express it in words! We believe we have dived down to the most unfathomable depths, and when we reappear on the surface the drop of water that glistens on our trembling finger-tips no longer resembles the sea from which it came.

Cannot a living thought—proud or humble, it matters not, so it come but from your soul, it is great for you—cannot a lofty desire, or simply a moment of solemn watchfulness to life, enter a little room, and if you love not, or are unloved, and can yet see with some depth of insight that thousands of things are beautiful, that the soul is great and life almost unspeakably earnest, is not that as beautiful as though you loved or were loved?

Not a single day is trivial. It is essential that this idea should sink into our life and take root therein. There is no question of being sad. Small joys, faint smiles and great tears, all these fill up the same nook in time and space. Smiles as well as tears open the gates of the other world. Go or come, you will find all you need in the darkness, but never forget that you are close to the gate.

NATURE'S RECALL

In Time's closed book live hours, and days, and years,
Remembered, as in dreams, some magnified
By love, affection, ill-health, sadness, grief,
Till only moments when we joyed or grieved
Seem underlined throughout dim pages there.
But yet, with strange recall the seasons bring
Fresh messages to us from bygone days,
And memories of absent friends return
Through Nature's mystic bond of unity.
For often in the stillness of the dawn,
The glow of sunset, or the calm of eve,
Past thoughts of well-loved friends will come again,
We feel their influence in the silent scene,
And see Life's beauty clearer through their love,
And memory becomes a living gift
When earth and sea and sky rejoice with it.

—M. Perceval Judge.

In conclusion, it is much the same with our written thoughts as it is with our thinking selves. We constantly disappoint other people by not understanding them at the right moment—though oddly enough we sometimes give them pleasure unconsciously without knowing why they find comfort from our near-being, when we ourselves feel nothing in us at the time to be able to give help. It is like being a thought ahead or a thought behind, as if our souls were ready to give or withhold sympathy before our slower reason had comprehended.

Therefore much of the poetical literature of yesterday and today—the golden harmony between writer and reader, or the discord of adverse opinion—rests on that same elusive thought ahead or thought behind; and we can total for good or ill the far-reaching influence of man for man.

It is not so much what we say or write as to how we say or write it that matters.

Words without thought are nothing. It is the soul of the writer behind the words that makes them living and true.

The Vocational Training of Our Disabled Soldiers in Alberta

By Dr. James M. Miller, Ph. B.

Chief Inspector of Schools, Director of Technical Education, Province of Alberta.

Long before the war, France, as one phase of her policy of national economy, provided for the vocational training of those who were disabled in civil life. It is but natural, therefore, to find her in the lead in developing her organization for the training of her disabled soldiers. The stress of war and her need of money power has caused her, for the moment, to train them quickly for some immediate special service, and to postpone their full vocational training for a permanent occupation in civil life until a later date.

In Canada, when the Military Hospitals Commission was created, one of its first acts was to make provision for the vocational training of the partially disabled men as they return. A vocational secretary was appointed and arrangements made with the provincial governments whereby the Department of Education and the Military Hospitals Commission could co-operate in this new and difficult service, to their mutual advantage and to the best interests of the men.

In Alberta the Military Hospitals Commission and the Provincial Government, through the Minister of Education, arranged to have the

work developed under the immediate direction of the Provincial Director of Technical Education. This official is responsible to the commission and to the minister for the development and successful execution of such plans as are from time to time adopted. Provincial institutions are utilized as far as possible, and all unnecessary capital expenditure or expenditures that would be of only temporary value are being avoided in so far as is consistent with caring for the best interests of the men being trained.

In Alberta the work was started about a year ago, and good results are being secured. It has been officially stated at Ottawa that Alberta is leading all the other provinces in the number of cases dealt with, in the development of the necessary administrative organization, in the variety and adequacy of the training offered, and in making a systematic plan for securing suitable employment for those who have completed their courses. Five hundred and fifty men have been surveyed for training by the vocational officer and his staff. If the men continue to return at the same rate as in the month of July, twenty per week will be the average addition to this number for an indefinite period. During the summer over 220 men have been receiving instruction. and by the end of the year the number will be in the neighborhood of three or four hundred.

Training During Convalescence

Experience soon revealed the fact that it is in the interests of the men, and conducive to a more rapid and satisfactory convalescence, if mental and physical occupation be provided for them. Subject always to the approval of the medical officer in charge of the hospital, the men are urged, but not compelled, to take one or more of the lines of instruction and occupation provided. For those looking forward to commercial or civil service positions, instruction is offered in the various subjects such fields of work require. Already ninety-two of the men have passed successfully the civil service examination, and another group of over thirty will write on the special examination being given early next month. Many who are not inclined by previous experience or inclination toward clerical work are looking forward to one or other of the skilled trades. For these instruction in practical mathematics, mechanical drawing and general handicraft is provided. Another group is formed of those who are looking forward to the land, in some cases returning to farming enterprises already under way before the war; in other cases preparing themselves to take advantage of any land settlement scheme that may be provided. For these instruction and occupation in gardening and poultry raising is provided. The work in market gardening has proven to be especially interesting and valuable from a therapeutic standpoint. At the Ogden Military Convalescent Hospital they have over fifteen acres under cultivation. It should be kept in mind that all the work referred to above is carried on in connection with the hospitals, and that the men taking

advantage of it are still convalescing and deemed to be not sufficiently recovered to justify their discharge.

Vocational Training After Discharge

While the men are convalescing, any instruction that is provided is open to all. After the men are discharged, however, it is only those whose disability prevents their return to their former occupations who are entitled to vocational training, under the regulations of the Military Hospitals Commission. During convalescence the cases are studied by the vocational officer and his assistants in order that a wise choice of vocation may be made and the necessary arrangements completed, so that, when a course is started during convalescence, it may be continuous and not interrupted at the time of discharge. In many cases the training during convalescence is a pre-vocational experience that helps the man, and those responsible for his training, to a wiser decision regarding the most suitable occupation to be selected in each case.

Those who are approved for full vocational courses after their discharge receive from the Military Hospitals Commission maintenance for themselves and their dependents while taking their course, and for one month after completion. The initial scale of maintenance adopted proved to be inadequate, so a more generous schedule was provided in April of this year. A single man now receives not less than $46 a month, with free books, school supplies and street-car fare. A married man and his wife, if without children, receive together not less than $73 a month. If there be children, there is an extra allowance for each child.

At the present time the following courses are being offered to men who at the time of their discharge were unable, because of disability due to service, to return to their former occupations:

A. At the Military Convalescent Hospitals at Frank, Calgary and Edmonton:

1. Commercial course, with special attention to the civil service.

2. Commercial course, with special attention to stenography and writing.

3. Commercial course, with special attention to municipal secretarial work.

B. At the Provincial Normal School, Calgary:

1. Courses leading to the teaching profession.

C. At the Provincial School of Agriculture, Olds:

1. Course in what might be called suburban farming-gardening, poultry-raising and a little in the way of milk and butter production. Those desiring this course wish to have a small acreage near a town or city, and to supplement their pension by doing what their strength will permit in this type of farming enterprise.

2. Course in mixed farming for those who will be able to undertake farming in the usual way, and who are looking forward to the final decision regarding the Federal Government's plan for soldier settlement.

D. At the Provincial Institute of Technology and Art, Calgary:

1. Courses in mining leading to certification as qualified examiners, overmen and managers.

2. Courses in surveying, leading to mine surveying and land surveying.

3. Courses in machine and architectural drawing.

4. Courses in building inspection and sanitary inspection.

5. Course in meat and food inspection.

6. Course in electricity and steam engineering to qualify men to be assistants in power plants.

7. Course in cabinet making, carpentry and joinery.

8. Course in automobile mechanics.

9. Course in gas engine and gas tractor operation.

10. Course in steam engine and steam tractor operation.

11. Course in machine tool operation.

12. Course in telegraphy.

The plans of the management of the Institute provide not only for the course as it may be given while the men are being maintained by the Military Hospitals Commission, but also for the establishment of a basis of training which will enable the Institute to continue to be of assistance to the men after they take positions, by means of instruction by correspondence, night classes and short winter courses.

Some Individual Cases

1. Two men who had been coal miners working at the "face" before the war return with disabilities, making such heavy work no longer possible for them. Through the courtesy of the Mines Branch of the Provincial Department of Public Works these men were trained to take charge of mine rescue stations. Each man is now in charge of such a station, and is receiving a salary of $120 a month. They have held their positions for some time now, and have proved themselves to be satisfactory.

2. A man over thirty years of age, with educational standing about equivalent to Grade X, undertook the work leading to the teaching profession. His disability was due to gun-shot wound in the right elbow and to gas. By special arrangements made by the Minister of Education any returned soldier who has Grade X standing will be admitted to the Normal School for training, and, upon completion of the usual course, will be allowed to teach. While teaching he will be able to take the correspondence courses for teachers offered by the Institute of Tech-

nology, and thereby gradually bring his academic standing up to the level of that of a second-class teacher. The young man in question started studying, with teaching in view, just one year ago. Since that time he completed his Normal School course successfully, a course at the Summer School for Teachers, and passed the Grade XI examination in all but three subjects. He has been appointed senior teacher in one of our villages, and begins his duties in September. During this coming year the Institute will coach him for his examinations in the subjects in which he failed, so that by this time next year he will, in all probability, be a fully qualified second-class teacher. It is his intention to go on for a course at the University.

3. Two men who completed their course at the Institute in automobile mechanics re-enlisted in the motor transport, one as sergeant in charge of the repair work. These men suffered from abdominal wounds. Skilful surgery has resulted in a very satisfactory recovery, but the men will never be able to do heavy work again.

4. A young man about twenty-nine years old lost his right arm close to the shoulder, there being no stump whatever left. During convalescence he learned to write with his left hand, and passed successfully the civil service examination. While convalescing he was also an enthusiastic member of the garden club, but found that, as he had only one arm, he was in need of a helpmate. A gracious young nurse accepted the position, and they had a very successful garden plot. He is now a postmaster in one of the smaller towns, with a salary of $100 a month. He has claimed his young friend of the garden to be his helpmate for life.

5. A carpenter, who has lost one hand, almost completely, is completing a course which will qualify him as a clerk of works or building inspector. When his course is completed he is assured of a good position in one of our cities.

6. A printer has one of his legs badly shattered, and is to receive a course to qualify him as a linotype operator.

7. A young man suffering with chronic bronchitis, due to exposure in the trenches, receives instruction in book-keeping, stenography and typewriting, and secured a position with the Dominion Forestry Department with a salary of $100 a month.

8. Two young men, having completed their courses, were given positions as shop and laboratory assistants in the Institute of Technology and Art.

The vocational officer for the Province has twelve of the men on his staff, and he states that in each case the man is giving excellent satisfaction. If properly prepared and given the job that is suitable, the great majority of our partially disabled men will become not only self-dependent, but also real contributors to the welfare and citizenship of their communities. They faced the enemy in France, they are making

the necessary effort to become efficient again in civil life—what more can their country ask of them? The least that their fellow-citizens can do for them is to give them an opportunity to secure the right positions upon the completion of their vocational training. With this responsibility in mind, the management of the Institute of Technology and Art, through its Industrial and Commercial Survey of the Province, is establishing such a direct and sympathetic relationship to industry, commerce and labor that it will be able to be of the greatest assistance in getting the men suitably located upon the completion of their courses, and to continue to be of assistance to them and their employers after they have secured employment.

TO MAKE THANK-OFFERING TO NURSES.

It is interesting to note that as a thank-offering from the British Empire to British nurses a fund is now being raised in London to assist nurses who have lost their health during the war. Sir Douglas Haig has warmly commended the scheme and the British Women's Hospital has issued an appeal signed by Miss May Whitty (chairwoman), and Viscountess Cowdray (treasurer), on its behalf. The appeal points out that nurses run great risks and have been miserably ill-paid so that they cannot save money for illness or old age.

While our Canadian nurses are much better paid than those of Britain's forces, they do not receive enough to save much from the increased expenses of life overseas. Those who know how shattered is the health of many a nurse who returns, will have much sympathy for this latest war work which is to help them.

Two years' active service as a nurse is equal to at least ten of her usual arduous task, says one who has seen the valiant service of our women at the front. In a few brief months they use up that precious vitality which would otherwise have lasted them for years, and yet are faced with the task of earning a living.

So one question our women should be asking is: "Are we seeing that our returned nurses are helped as they should be?"

You know not my supreme happiness at having one on earth whom I can call friend.—*Charles Lamb.*

It is easy to say how we love new friends, and what we think of them, but words can never trace out all the fibres that knit us to the old.—*George Eliot.*

Others shall take patience, courage to their heart and hand from thy hand and thy heart and thy brave cheer, and God's grave fructify through thee to all.—*Elizabeth Barrett Browning.*

Editorial

It is with real pride in our Canadian Nurses at the Front that we speak of the first one of our French Flag Nurses to obtain the honor of the *Croix de Guerre*. She joined nine other nurses in Toronto to serve under the French War Office early in the war, and served till June last, when she was severely wounded. As she was leaving one of the huts of a hospital, a bomb exploded just in front of her, a charge of shrapnel striking her foot, inflicting a serious wound. Only one other, an orderly, was wounded at the same time. She was at once operated upon, but it was many weeks before she could put her foot to the ground, and she is still lame. Her native city of Galt, Ont., gave her a great welcome recently, when she told of her experiences in the war zone. It is women like Miss Jaffray that will help to keep up the high standard of the Canadian women, who in every possible way have been doing their utmost to win the war, whether at home or overseas. We hope later to have an article from Miss Jaffray, telling the nurses at home something of the work under the French system.

* * * *

In connection with the Halifax disaster, it will interest the nurses to know just what was done by the C.N. A. to meet conditions and to send prompt help. Immediately on receipt of the news, Miss Gunn, President of the C. N. A., telegraphed the mayor of Halifax offering any nursing services that would be required.. Shortly after a reply came from Mr. McIllwraith, who was in charge of the Relief Committee, and from Lieut.-Colonel Bell, of the Medical Relief Committee, stating that no more nurses were required at that time, and that they would let the organization know if at any time they could be of service. No definite word was heard from them again, and, as we know, nurses and full equipment for all needs were sent at once by our neighbors "across the line." It is hoped that this awful disaster may be the means of bringing the need of the National Service nurse and equipment well before the public and a practical plan ready for the nurses' consideration at the convention.

* * * *

The Convention Committee is getting to work on the plans for this next summer's work, and it rests with every nurse to see that this convention is as valuable in its results as it should be. At the last one held in Montreal last summer, the Superintendents' Society decided to change their constitution and open the doors to all engaged in the education of the nurse whether pupil or graduate, and named the association the Canadian Association of Nursing Education, in the hope that those to whom the want should be most keen would now feel that their problems,

etc., could be solved, and new plans for a more progressive and standard education for all nurses be instituted. The result, so far as new members is concerned, has been discouraging in the extreme, and only one group of members has applied for permission to form a local chapter. Whose fault is this? Are we to go on in this apathetic way, when to every thoughtful observer there never was a time when these things needed the attention they do now, and when as certainly as the sun rises these questions will be settled for us by the "laity," as we term all outside the profession, if we do not do it ourselves? We talk about registration of nurses in the various provinces and for the whole Dominion, yet we do not first get our own part in shape, that is, provide for the training of nurses in and proper use of the smaller hospitals. These have a great work to do, so why do we not first make a standard curriculum and get the larger schools to arrange affiliation for the smaller hospitals in their district? Then we can easily show that while we know that a certain training is indispensable, so we provide the means for the smaller schools not only to do better work, but to have more of an incentive to the young woman to go to them. This is no theory, but has been done, to the great advantage of both, in some parts of Canada. Let each nurse come to the convention determined to present her views and plans to do this, and may the 1918 meeting show that we Canadian nurses are ready to see the needs of the country, and to act on this knowledge. To the Editor this past year has come several letters asking why we have not done these essentials, and showing that all over the need is the same, and the question put up to the profession.

These questions are not only for the C. A. N. E., but must be acted on by the C. N. A. as well. Every graduate nurse, whatever she may be doing, should feel her responsibility to her profession and to the nurses now in and about to enter the schools. She knows the lack she has discovered in her own training, and who has a better right to seek for better things than she? It is often amusing to listen to the graduating addresses and the references to Florence Nightingale and her work, when one knows that had she been willing to do nothing to offend or to change existing wrongs, where would the nursing profession be now? Can anyone think that all the problems and wrongs for all future times were settled by her. Let us all shake off this dislike for any disagreeable task and do what our hand finds to do now.

My friend is that one whom I can associate with my choicest thought.—*Thoreau.*

"Friendship supplies the place of everything to those who know how to make the right use of it; it makes your prosperity more happy, and it makes your adversity more easy."

"Silence, or neglect dissolves many friendships."

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

CUTS DEATH RATE IN FOUR

Dr. Carl Kling, a bacteriologist, and an assistant physician in charge of the Stockholm contagious hospital, who announced to the Swedish Medical Society the discovery of a serum for scarlet fever, in describing this treatment and its results to the Associated Press correspondent, said the serum had reduced the mortality in the severest cases to 17 3-5 per cent. against more than 70 per cent. in equally severe cases which were not treated with the serum.

When Dr. Kling began his experiments a severe epidemic of scarlet fever was raging in Stockholm. Blood was taken from convalescent patients who were otherwise healthy and was allowed to stand until serum had separated from the other blood constituents. This was administered intravenously by the use of twenty cubic centiliters for small children and up to fifty or sixty for adults.

Dr. Kling said he treated a total of 237 cases, all of which were of a violent nature. The total mortality was 42. The mortality among 91 equally severe cases not receiving the serum treatment, he said, was 64.

The serum treatment had no effect on nephritis.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The regular monthly meeting of the Canadian Nurses' Association was held on Tuesday, January 8th, in the Club Room, Miss Phillips, President, in the chair. The speaker of the evening was Captain H. McCordick, who gave a very interesting and instructive address on "Infection." He had prepared several slides which more than bore out his remarks, one in particular being a smear from the mouthpiece of a telephone, and another a breath from a "healthy" man.

The House Committee has issued invitations to an "At Home" to be held in the Club on St. Valentine's Day from 4.30 to 8.30, a time which will allow both night and day nurses to be present. A very interesting musical programme has been arranged.

Several nurses from the different local hospitals who went to Halifax to help out at the time of the disaster have returned, bringing back sad tales of the tragedies, both physical and mental.

The Edith Cavell Chapter of the I.O.D.E. resumed its weekly meetings on January 8th, and the monthly business meeting will be held on the 29th inst., at which arrangements will be made for the annual meeting in February.

Do the work that's nearest,
Though it's dull at whiles;
Helping, when we meet them,
Lame dogs over stiles;
See in every hedgerow
Marks of angel's feet,
Epics in every pebble
Underneath our feet.

News from The Medical World

By Elizabeth Robinson Scovil

Catching Cold—Good Health says that the cause of taking cold is lowering of the temperature of the blood either locally or generally. A muscle generates heat while it is in action, just as a dynamo generates electricity. Perspiration arises from the generation of more heat than is needed to keep the body warm, and it is necessary that the body should be cooled. Perspiration is nature's effort to do this. Bathing the skin with water that is allowed to evaporate has the same result. If carried too far, shivering and sneezing occur. These are efforts to warm the body.

Sneezing—When one sneezes one does not sneeze with the nose, but through it. The entire body is exercising; every muscle contracts. The feet are lifted, there is a jump of the whole body. It is impossible to hold anything steady in the hand when one sneezes, but the motion is particularly of the expiratory muscles. There is a sudden contraction of these muscles with an explosive effort of nature to warm the body. The muscular spasm is an endeavor to cure the cold.

Avoiding a Cold—When feeling chilly the best way is to keep on exercising. Setting the muscles to work is the best way to stop shivering. If sitting in a draft, make the muscles contract as hard as possible, keep them working so they will keep the skin warm, and no cold will be taken. One can do this while sitting perfectly still and working so hard as to make the perspiration start freely. Keep the arms and hands straight at the sides, with the muscles perfectly rigid; make every muscle in the body tense. Pretty soon one is taking deep breaths and breathing hard. One may work as hard as if running to catch a train while sitting apparently absolutely quiet in a church listening to the preacher.

Sanitary Waste Disposal Systems—Public Health Bulletin No. 89, published in the United States, deals with the question of the disposal of waste in towns and villages that are without sewers. This is a most important subject, directly affecting the public health, and should be a matter of deep concern to every nurse working in such a community. The bulletin gives directions for the construction of sanitary closets, which may be applied to existing buildings. A number of towns not having sewerage systems have adopted these closets. Prior to its installation in Tuscaloosa, Alabama, there were in the year preceding it 190 cases of typhoid, with seventeen deaths. The next year this was reduced to fourteen cases, with one death. Six of these cases were contracted outside the city.

Pre-cancerous Lesions—It is stated that cancer may be regarded for all practical purposes as local in its beginning. Among the predisposing factors for which one should be on guard are general lowered nutrition, chronic irritation and inflammation, repeated acute trauma, such as knocks and blows, cicatricial tissue, as lupus, burns and other scars, benign tumors, warts, moles, nevi, or birth marks; any change in the character of such tumors and tissues should be immediately attended to. The occurrence of an abnormal discharge from any part of the body, particularly if stained with blood, should be regarded as suspicious. Some occupations, as working in pitch, tar, paraffin, anilin or soot, and with Roentgen rays, if not safeguarded, conduce to the production of cancer, presumably on account of the chronic irritation or inflammation caused. The finding of any abnormal condition about the body should cause the sufferer to at once seek the best professional advice obtainable. It is not unusual to see a patient having a cancer in an advanced stage being treated for some simple ailment.

Changes in Intestine After Being Purged—In the *Journal of Pharmacology and Experimental Therapeutics* it is stated that after a rabbit has been well purged its bowel is full of gas and fluid, and the mesenteric circulation is disturbed. If portions are excited they beat poorly and irregularly and fatigue quickly. They respond badly to drugs. The condition interferes with the steady progress of food through the intestine, and may favor the production of colic and gas pains. It is therefore concluded that it is not wise to dose a patient with purgative medicine shortly before an operation in which the bowel must stand the insult of drying, handling, cutting and sewing.

Method of Exterminating Mosquitos—It is said by authorities who have made this subject a study that as the larvae of mosquitos require about three weeks in water before developing into perfect winged insects, by drawing the water away, leaving the area without standing water, the stranded larvae will die. Those deposited in the diverted water will also be killed off by diverting the water back to its original bed. By thus alternating the breeding places week by week, the mosquitoes get no chance to develop, while the expense is small in comparison with that of oiling large surfaces of water.

Public Instruction in Cooking—The London County Council has a number of travelling kitchens equipped on motor cars, which travel about London giving demonstrations on such subjects as voluntary rations, food that serves the place of meat, how to get the best value for money, substitutes for wheat flour, use of oatmeal, barley flour, corn meal and other cereals, economical use of sugar, aids and substitutes, catering for a week, unwise purchasing, the evils of underfeeding, the relation of price to value, kitchen economies, the fireless cooker, the hot water jacket and similar apparatus, and other devices for saving fuel. Courses in domestic economy have been provided in both the day schools and evening institutes.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

Nova Scotia

It is too soon to expect a report from Nova Scotia of the demands made upon nurses by disaster conditions, and of the lessons to be learned from their experience. We expect that the report, when it comes, will be of great interest to public health nurses.

New Brunswick

The Women's Institutes Division of the Department of Agriculture of New Brunswick is offering special courses to the women of that province. Classes I and III are conducted by Miss Gertrude M. MacKinnon, a graduate nurse. Class II is a course in theoretical and practical cookery; Class IV in millinery, and Class V in dressmaking. The lectures provided by Miss MacKinnon are as follows:—

Class I—Nursing and First Aid

9:00—10:00 a. m.

Lesson 1. Origin of nursing. The sick room and its environment.
Lesson 2. Demonstration (1) Ideal sick room. Bed-making—different kinds.
Lesson 3. Home sanitation and ventilation.
Lesson 4. Contagious diseases and fumigation.
Lesson 5. Infantile paralysis and after care.
Lesson 6. (2) Baths—different kinds.
Lesson 7. (3) Emergency cases. Special attention to bandaging.
Lesson 8. Observation of symptoms.
Lesson 9. Diet for children.
Lesson 10. Written examination.

Class III—Personal Talks to Mothers and Girls

2:00—3:00 p. m.

Lesson 1. The adolescent period.
Lesson 2. Diet, exercise, medicine and rest for pregnant women.
Lesson 3. Preparation of room and clothing.
Lesson 4. Care of mother and child for first week.
Lesson 5. Infant feeding.
Lesson 6. Complications following confinement.
Lesson 7. The critical period in a woman's life.
Lesson 8. Complications at this period.

Lesson 9. Venereal diseases.
Lesson 10. Written examination.

Ontario

The Public Health Nurses of Toronto have made an unexpected contribution to the relief work of Halifax. Sixteen of the public health nurses of the Department of Public Health have been engaged in making social investigations in connection with the work of the American civilian relief and local Halifax committees. The nurses' combined medical and social training has proved to be of genuine value, as evidenced by the fact that Halifax has asked to retain ten of these workers until the end of February.

Manitoba

The regular monthly meeting of the Manitoba Association of Graduate Nurses was held on Tuesday, November 27th, 1917. The hour for discussion was devoted to public health nursing from the rural standpoint. Mrs. H. M. Speechly, of Pilot Mound, Man., gave an interesting address on the subject, dealing with maternity problems. This paper was followed by an excellent one given by Miss Elizabeth Russell, in the absence of Miss Hally, Provincial Directress of Public Health Nurses for Manitoba, giving an outline of the work accomplished by the nurses throughout the province. An enthusiastic discussion followed each paper.

A short course of public health nursing has been organized by the Provincial Board of Health, Manitoba. The course was given from January 2nd to 12th. The lecturers have included specialists on all the various diseases which threaten public health, and also on such subjects as child welfare, sanitation, the Public Health Act, the foundation qualities of a nurse, ideals in public health nursing, and the visiting nurse in the home. We will wait eagerly for news from Manitoba as to the number of nurses who have shown an interest in this course of lectures. Manitoba is leading in many respects in public health nursing.

Alberta

Provincial representative recently appointed—Miss Edith M. Rutherford, R. N., 934 Fifteenth Avenue West, Calgary, Alberta.

United States

The Bulletin of the American National Organization for Public Health Nursing includes the following significant item:—

"A special enrollment in the Red Cross of pubic health nurses, exclusively for public health duty, has been brought about.

"A letter has been sent to all public health nursing agencies, both public and private, which has served two important purposes, namely: it has insured the availability of more than enough public health nurses to meet present and probable future Red Cross demands; and at the same time it has assured all communities, especially those which employ only one or two nurses, that patriotic duty includes the maintenance of health defences at home."

The Diet Kitchen

By Elizabeth Robinson Scovil

We have all been taught in our diet kitchen days that milk is a perfect food. It does contain one or more of each of the chief kinds of foodstuffs, tissue building, strength giving and meat producing, besides mineral matter and water. It is the best food there is for babies, but not a well-balanced one for older people, and oh! how weary those invalids who are restricted to a milk diet do become of it.

It is the nurse's part to make it as palatable as possible, always remembering that in very sick persons the sense of taste is dulled, and they take what is given them mechanically, without knowing or caring what it is. When the patient begins to improve, and interest in life returns, the power of discrimination comes with it, and the milk diet becomes an offence.

There are several changes that can be made in it. By heating it, or icing it, flavoring it with coffee, vanilla, lemon or rose-water, and seasoning it with salt, a sensation of novelty is given to it.

Home-made ice-cream is especially valuable for the sick, as usually milk and cream will be readily taken in this form. A quart freezer will solve many problems in diet, for egg, either the white, the yolk, or the whole egg, can be added, and will be eaten with pleasure. Directions for freezing come with it, and in winter snow can be used instead of ice to mix with the salt. It does not hurt ice-cream to stand for twenty-four hours after it is frozen, provided it is not allowed to melt. It becomes finer and closer in grain. Cocoa, chocolate and various fruit juices can be added to it for variety.

Sherbert made with milk, and water ices made with pineapple, lemon, strawberry, orange or other fruit, and water, are acceptable for the convalescent's dessert.

Clam juice can be lightly frozen and given to a very sick patient.

A nurse should pride herself on the excellence of her gruels, for the addition of grains to milk much increases its food value, and when milk is disliked water gruels can take its place in a measure. A good recipe for oatmeal gruel is: A quarter of a cup of oatmeal, one quart of boiling water, two teaspoonsful of salt. Cook in a double boiler for two hours, strain and add milk, or cream, if desired. In a house that does not possess a double boiler, use a saucepan set in a larger one filled with water; a tin kettle with a tight cover is better to hold the gruel than a saucepan. Two tablespoonsful of cornmeal, one of flour, one-half teaspoonful of salt, a little cold water to mix, and three cups of boiling water, or milk,

cooked for three hours, makes a good gruel. If milk is used, a double boiler or its substitute is necessary.

Gruel can be made with a shredded wheat biscuit, a pint of boiling water and a cup of milk, seasoned with salt. Cook for twenty minutes, stirring occasionally, and strain. The well-beaten white of an egg can be stirred into any gruel, which makes it more nutritious. The hot gruel should be poured slowly on the egg, beating it all the time.

Egg gruel is made by heating the yolk until it is thick, add a little sugar if desired, and pour on it a cupful of hot milk (not scalded). Have the white beaten stiff, and pour the mixture on it, beating steadily. It can be flavored as preferred with cinnamon, nutmeg, lemon juice or vanilla.

Very many patients dislike their food too sweet, and the nurse should be careful to make it palatable in this respect.

Albuminized milk, or water, can be readily prepared by shaking a cupful, with the white of an egg, in a self-sealing jar. Sugar and lemon juice can be added if desired. Shake vigorously until well mixed and let it stand before using.

Kumis can be obtained in large cities bottled ready for use, but a nurse can make it much more cheaply. Scald one quart of milk and let it stand until lukewarm. Dissolve one tablespoonful of sugar in one tablespoonful of boiling water, and, when perfectly dissolved, add to the milk. Dissolve one-third of a yeast cake, or two tablespoonsful of liquid yeast, in a tablespoonful of lukewarm water, and stir into the lukewarm milk. Pour at once into beer bottles with patent tops, filling them to within an inch-and-a-half of the top; close and shake well. If common bottles are used, the corks must be tied down. Stand in a warm room for ten hours, then lay the bottles in the ice-box, or in a cold place for from three to five days. Kumis was originally made by the Arabs from mare's milk fermented.

It is earnestly desired that this department should be useful to nurses. We shall be very glad if anyone will send tried recipes or improved ways of cooking and serving food. We shall be glad to answer questions, and do anything in our power to help solve the problems that are constantly arising in feeding the sick.

Medical Students and Conscription—Sir Robert Falconer, President of the University of Toronto, states that at present there are over 6,000 undergraduates on active service overseas, 1,000 of whom are serving in the ranks. He thinks that medical students should be exempt from conscription in Canada, and that the medical faculties of Canadian universities should be formed into a medical corps, so as to be available if required for the treatment of returned soldiers.

Hospitals and Nurses

NOVA SCOTIA

The January meeting of the N. S. G. N. A. was a business meeting, most of the nurses being on special duty. Letters were read from the British Columbia and St. John, N. B., associations enclosing cheques to be used for the sufferers from the recent disaster—$50 from the St. John G.N.A., and $25 from the G.N.A. of B.C. It was decided to send a vote of thanks to these associations, and to find the most helpful way to spend this money.

Nursing Sister Anderson, of New Brunswick, is Matron at the Waegwoltic Club, which has been converted into a temporary hospital.

Miss Stewart, of Frederickton, is Matron of the Y. W. C. A. (temporary) Hospital. Many of the most serious cases are receiving treatment there. There is also a maternity ward, which is one of the busiest hospitals in the city.

Nursing Sister Myrtle Hunt, of the Station Hospital, died recently after a short illness, contracted during the strenuous days following the explosion, when the nurses in the hospitals worked early and late till temporary hospitals could be arranged for. Sister Hunt worked with great faithfulness till she was compelled to take sick leave. Pneumonia set in, and she did not have strength to rally. She was a graduate of St. Joseph's Hospital, Glace Bay, and had been at the Station Hospital one year. She will be much missed, as she was a general favorite, and did splendid work. She was buried at her home in Mahan, C. B.

Miss Steeves, of Moncton, is doing relief work at the Parker Hospital, Dartmouth.

The Misses Woods, Keefer, Friend, McKay and other public health nurses of Toronto are still in Halifax doing relief work.

The American nurses have all returned home. The Boston Unit, with 25 doctors, 69 nurses and 14 civilians, came by special train, with complete equipment for a 500-bed hospital; the Providence Unit, with 52 doctors, 52 nurses and 5 civilians; the Maine Hospital Unit, 12 doctors, 13 nurses and 11 civilians. It is impossible to attempt to thank all the nurses and doctors who responded so quickly to the call for help, coming from all over Canada and the Eastern States. The Nurses' Association was not able at the time to extend any courtesy or attention to them, but to say that their services were appreciated by the nursing profession and Halifax people generally is very slight praise for the work they accomplished.

Miss Selina Shaw, graduate of a hospital in Portland, Maine, has been added to the staff of the V. G. H.

Nursing Sister Dempesey, C. A. M. C., and Nursing Sister Florence Fraser, C. A. M. C. (Dalhousie), have returned from overseas. The

latter is on duty at the Y. W. C. A. temporary hospital after only four days' leave.

The Halifax Social Service is being re-organized. Trained workers from Montreal, Toronto, Boston and New York have been in Halifax since the explosion. Their "follow up" work done in connection with the hospitals has been wonderful.

A large number of wounded were sent to the temporary hospital fitted up in New Glasgow under the direction of Miss Shearaton, Superintendent of the Aberdeen Hospital, and Miss Sinclair. The patients are loud in their praise of the care they received.

Miss Letts, of the V. O. N., has resigned and gone to the Pacific Coast to take up work there.

About thirteen of the V. O. N. nurses came to Halifax, under the supervision of Miss Russel. In spite of most unusually bad weather, blizzards, etc., they did wonderful work, and it is with pleasure that Halifax people learn that the permanent staff here is to be increased, and that they hope to be soon in a home of their own—one nearer the centre of the city.

Nursing Sister Anderson, of the Station Hospital, is home on sick leave.

Miss Barrington has sailed for Bermuda.

Nursing Sister Helen B. McKay, of Colborne, Pictou County, who has served for two and a-half years in France with the C. A. M.C., was recently invested with the Royal Red Cross at Government House. Her record has been one of exceptional efficiency, and her many friends in Halifax, Nova Scotia, will congratulate her. She was on board the ill-fated S S. *"Letitia,"* which went on the rocks near Halifax, and was not able to be in London in July when the investiture took place. She has been on duty in Halifax ever since. After a few words of introduction by the Lieutenant-Governor, Mr. Grant, Capt. Hicks, the secretary, read the address, and the Governor pinned the Royal Red Cross on her uniform. Matron Doyle, of the Station Hospital, presented her with a bunch of roses from the sisters. General Benson and the captain of an American ship in port made a few suitable remarks, and the National Anthem was then sung. Among the guests were General Benson and his staff, Major Cannon, Capt. Hines (of the American navy), the French Consul, matrons and sisters from the four military hospitals in the city, superintendent of the V. G. H. and of the Children's Hospital, head nurse of the V. O. N., and some of the visiting nurses in the city, and nursing officers and one V. A. D. from each division of The St. John Ambulance Brigade.

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PRINCE EDWARD ISLAND

Fourteen nurses and one doctor left Charlottetown, P. E. I., for Halifax relief immediately on receipt of word of the Halifax disaster, and more followed later.

QUEBEC

Miss Agnes Buse ('13 M. W. H.), who is in charge of a private hospital in Brooklyn, has been called home suddenly to be with her father, who is seriously ill.

A very enjoyable afternoon was spent when the members of the Woman's Hospital Alumnæ entertained the ladies who had so graciously helped at the bazaar.

The nurses-in-training much appreciated the annual sleigh drive given by the lady superintendent on December 29th.

Miss A. Sholit ('16 W. M. H.) has charge of Jensen Camp, St. John, Newfoundland.

The nurses derived much pleasure from the masquerade dance given on January 3rd. Some of the costumes were most attractive, particularly those representing Napoleon and the dainty little New England lady of the eighteenth century.

The annual meeting of the Western Hospital Alumnae Society was held at the Nurses' Home on Monday, January 14th, the small attendance being noticeable as compared to previous years owing to the large number of our members having gone overseas and others engaged in military hospitals here.

The nurses who have gone overseas within the past eight months are the following: The Misses Perreault, Scriver, Stark, McCombe, Moore and Whitehead.

Miss M. McCall has joined the American Red Cross Unit at Los Angeles, in anticipation of a call for overseas service.

Miss Dyer, secretary of the society, gave a very satisfactory report of the work done by the Alumnae during the year 1917.

In February the sum of $100 was given to the hospital for silver cream pitchers and sugar bowls for the private wards.

The financial committee arranged for a bridge and dance party at the Ritz Carlton Hotel on March 18th, which proved a financial success, the proceeds being $424 net.

At a meeting in October $75 was voted to support one prisoner of war, the cheque being sent through the Edith Cavell Chapter.

Christmas boxes were sent to all the graduate nurses overseas in November. The medical board also arranged for similar boxes to be sent to the house doctors and surgeons of the staff now on active service. In December the society decided to invest $600 in Victory bonds.

Our annual bazaar was held at Stephenson Hall on December 14th, the amount made being about $450.

Mrs. McLean, nee Miss Irene Robertson, a graduate of Class 1916, has been devoting her time in doing some useful work among the Halifax sufferers. Mr. McLean having undertaken some extensive construction work, she has decided to spend the remainder of this winter and the summer months there.

The Nurses' Graduating Exercises of 1917 were held in the hospital on October 14th. Twelve nurses were presented with their medals and diplomas by Mrs. Fisher and Dr. James Perrigo respectively. Dr. Kerry gave us the usual helpful and timely word of warning, "Lest we forget." The names of the nurses were as follows: The Misses Green, Morency, Brand, Clough, Halford, Collins, Cunningham, Fowles, Rowley, Moore, McKee and Hartley. At the close of the presentations refreshments were served.

Some of the graduate nurses have taken up institutional positions, the Misses Morrison, Brand and Yeats being at the Shawnigan Hospital; Miss Morency in the X-Ray department of the Western Hospital, in the absence of Lieut.-Colonel Robert Wilson on actice service; and Miss Dyer as dietitian in the same hospital.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss O. A. Barwick, who is Assistant Superintendent of Presbyterian Hospital at New Orleans, Florida, has been lately operated upon for appendicitis, but, we are pleased to say, has made a complete recovery.

No. 2 and No. 3 C. C. Stations are within five minutes' walk of one another. Nursing Sister M. Forbes is Matron of the former, and Nursing Sisters E. Giffen, C. Gass and L. Holland are also there, while Nursing Sister S. Hoerner is Matron of the latter, and Nursing Sisters L. Gillies and D. Fortesque are also there, representing the M. G. H.

Mrs. J. A. Henderson (nee Miss Hersey), who is Organizing Secretary of the Food Economy Committee, has been speaking to the public on different occasions on the subject of "Woman, War and Food." Mrs. Henderson has received the decoration of "Lady of Grace," and has travelled in France and England in the interests of patriotic work.

Miss K. M. Wilson, of New York City, is spending a month in Montreal.

Miss Gruer has been called to her home at Howick, Que., to nurse her father, who has been seriously ill.

Miss A. Gillespie, who has been at her home in Morrisburg, Ont., for some time, has returned to the city to take up her duties at private nursing.

Miss Nichol, with her sister, Mrs. Johnston (nee Isabel Nichol), spent two weeks at Waterbury Inn during holiday time.

Nurses who spent their Christmas holidays at their respective homes were: Misses A. Toomes, M. McRae, M. Macfarlane and J. Munro.

Mrs. McOuat (nee Jean Wilson), Vancouver, spent a month at her home in Montreal lately.

Misses G. Nichol and S. Scott have each undergone operations from which both are making good recoveries.

Nursing Sisters Gray and Morewood have been transferred from No. 3 Canadian General Hospital to a C. C. C. Station.

Nursing Sisters Sargeant, Ridell, V. Larter and L. Larter, of McGill Unit, in France, spent two weeks' leave in England and Scotland recently.

Nursing Sister B. Outterson arrived in England about January 1st and was afterwards stationed at Moore's Barracks, in England.

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ONTARIO

The graduating exercises in connection with the Training School of the Hospital for Sick Children, Toronto, took place on the evening of November 16th, 1917.

The exercises were held in the Out Patient Department, which was artistically decorated with flags and palms. Mr. J. Ross Robertson, Chairman of the Board of Trustees, presided. The Rev. L. Ralph Sherman, Rector of Holy Trinity Church, gave the invocation. Dr. W. E. Gallie then presented the prizes for highest marks and general proficiency, commending the class for its excellence and speaking of the close competition among the members.

The prizes were awarded as follows: Miss Alice E. Fenton, of Toronto, and Miss Florence McMillan, of London, Ont., received prizes for the highest marks. Miss Ida Barry, of Toronto, and Miss Ursula Barr, of Lindsay, Ont., of the Intermediate Class, and Miss Helen Needler, Millbrook, Ont., and Miss Wilma Low, Uxbridge, Ont., of the Junior Class, received prizes for General Proficiency.

The Chairman then read a short account of the work of the Hospital for the past year, and also the report of the Training School, written by Miss Potts, the Superintendent.

This year Mr. Robertson has again made it possible to send one of the recent graduates to take a preliminary course in teaching in Columbia University, New York.

Lieut. Col. George H. Williams, Principal Chaplain, M.D. No. 2, then delivered a most interesting address to the nurses, full of words of wise counsel on the duties of their profession.

After Lieut. Col. Williams' address, the diplomas and pins were distributed by Lady Hearst to the following graduating class of 1917:

Olive E. Dunham, Ingersoll, Ont.; Mamie Dennison, Perth, Ont.; Hazel E. Elliott, Stirling, Ont.; Alice E. Fenton, Toronto, Ont.; Edith A. Jamieson, Westmount, Que.; E. Anzonetta Hames, Beeton, Ont.; Marjorie Hunter, Ottawa, Ont.; Edith McDonagh, Goderich, Ont.; Edith McIntyre, Toronto, Ont.; Margaret V. M. Stevenson, Montreal, Que.; Jean G. Bining, Toronto, Ont.; Wilhelmina H. Yeates, Kingsville, Ont.; Geraldine Conley, Stirling, Ont.; Corslie Cook, Belleville, Ont.; Edith A. Cameron, Toronto, Ont.; Lily M. Fraser, Lancaster, Ont.; Marjorie Ferguson, St. Thomas, Ont.; Ella M. Meiklejohn, Toronto, Ont.; Florence McMillan, London, Ont.; Beatrice Pridham, Goderich, Ont.; Margaret Wood, Port Dalhousie, Ont.; Mary Wilson, Oakville, Ont.; Vesta B. Wyatt, Toronto, Ont.; Ruth D. Widder, Megantic, Que.

Dr. Allen Baines gave a short address and presented the scholarships to Miss Jean Vining, Toronto, of the first division of the graduating class, who received the scholarship of fifty dollars; and to Miss Ruth Widder, Megantic, Que., of the second division of the graduating class, who also received a scholarship of fifty dollars.

Dr. Baines dwelt at length on the added charm and value possessed by the nurse who can pleasingly read aloud to her patients. He urged the nurses to cultivate this charm, that their usefulness might be increased.

The Chairman then called upon Lieut.-Col. Clarence Starr, who had just returned from England and France, to give a short talk about his experiences.

His address was very much enjoyed by all present, who were pleased to welcome Lieut.-Col. Starr home again.

One of the interesting events of the evening was the presence of Mrs. St. Clair Stobart, who gave a short outline of her work in Belgium and Serbia.

The exercises were concluded by the singing of the National Anthem.

The reception which afterwards followed was held in the Nurses' Residence.

The following nurses, graduates of the Hospital for Sick Children, were among those who went to Halifax to help with the relief work there: Misses Jessie Woods, Jean Weatherston, Muriel McKay, Zaida Keefer, Esther Beith, Beatrice Buchanan, and Sadie Jardine.

Miss Olive Campbell and Miss Ivy Anderson, graduates of the Hospital for Sick Children, went overseas with the C.A.M.C. in December, 1917.

Dr. and Mrs. Waters, of Rutland, India, are home on furlough, and are visiting Dr. McPhedren, 923 College Street, Toronto. Mrs. Waters was Miss H. Alexander, graduate of the Hospital for Sick Children, in 1903.

HAMILTON

Nursing Sister Mabel Sampson has returned to Canada on leave of absence, and is at her home in Collingwood at present.

Miss Lena Linstead, H.C.H., has accepted a position with the Oliver Chilled Plow Company as aid nurse.

Nursing Sisters E. J. Deyman and A. Carscallen have been transferred to Monks Horton Hospital, Kent, England.

Miss Gertrude Price has resigned her position as Night Supervisor at the Mount Hamilton Hospital.

Miss Eva Nash is visiting in Detroit.

Miss Florence Torry, Night Supervisor of the Hamilton City Hospital, is visiting relatives in Detroit, Mich. Miss A. Brown is Acting Supervisor during her absence.

We regret to hear of the illness of Nursing Sister Alma Beer, No. 1 Canadian General Hospital, France.

Capt. Casserley, who is home on leave of absence, gave a most interesting lecture to the nurses of St. Michael's Hospital, Toronto, on Warfare. He brought a number of trophies from the front which were interesting.

St. Michael's Hospital A.A. held a progressive euchre and dance at the Toronto Graduate Nurses' Club on January 10th, 1918. Miss O'Connor, the Convener, received with Miss Dolan and Miss Foy. A large number of military nurses were present. After refreshments were served, Miss Dolan sang, which was much appreciated.

Miss Moore, who has held the position as Head Nurse of Oshawa General Hospital for the last four years, is leaving to fill a similar position at Brockville General Hospital. She is a graduate of the Toronto Western Hospital. Miss Smith, graduate of the T. W. H., has accepted the position at Oshawa General Hospital.

Miss Fleming, T. W. H., is convalescing from typhoid fever at her home, Bruce Mines.

The Executive of the T.W.H.A.A. held a meeting on December 14th at the home of the President, Mrs. Gilroy. After the usual business it was decided to give $75.00 to the Belgium Relief Fund, and to the Heather Club $25.00, for Christmas cheer for the children.

The Graduate Nurses of Amasa Wood Hospital, St. Thomas, have formed an Alumnæ Association. At the December meeting at the Nurses' Home, Miss Hazel Hastings was appointed correspondent to the *Canadian Nurse* Magazine.

Miss Mary Malcolm, one of our recent graduates, has taken up private practice in St. Thomas, and lives at 20 Gladstone Avenue.

The first meeting of the Kingston General Hospital A. A. was held January 8th in the Nurses' Home, some twenty members being present, the President, Mrs. Nichols, in the chair. A very important matter came up for discussion, which was a protest entered by the graduate nurses in the city against the practice of putting on pupil nurses as specials with patients in the Kingston General Hospital. This matter is to be taken up with the Governors of the Hospital.

The sum of $15.00 was given to the W.C.T.U. for their work in supplying hot drinks to the soldiers coming from the trenches.

Mrs. G. H. Williamson and Miss J. Jones were appointed a committee to visit the sick nurses.

Nursing Sisters A. Filson, L. Hicks and M. Klein returned to Ongwanada Military Hospital, after doing splendid work in Halifax.

We were very sorry to learn that Miss Annie Wright (K. G. H.), who has been at Laurentian Sanitarium, had to undergo an operation in the Royal Victoria Hospital, Montreal.

Nursing Sister Eva Bell, who has done service at Lemnos and in France, has taken over the position of matron of Queen's Military Hospital at Kingston, Ont. Miss Bell is a graduate of the K. G. H.

The order of the Royal Red Cross of the Second Class has been conferred on Nursing Sister Annie Bailie, of No. 7 Canadian General Hospital, France. Miss Bailie is a graduate of K. G. H., 1910.

The third annual meeting of the Alumnae of St. Joseph's Hospital, Chatham, was held on December 27th, 1917, the President, Mrs. Durocher, in the chair. After the usual business it was decided to change the date of the annual meeting from December to the last Tuesday in June. The following officers were elected: President, Miss Lillian Richardson; Vice-President, Miss Pauline O'Rourke; Secretary-Treasurer, Miss Margaret Lyndon; Executive Committee, Miss Phelan, Miss Etue, Miss Coveny, Miss Denormy, Miss Wildjew and Miss Norton. Representative to the Canadian Nurse, Lyla Masterson. After the meeting adjourned, the members enjoyed a social hour.

The graduating exercises were held for the class of 1917 of St. Joseph's Hospital, Chatham, on November 29th. The diplomas and medals were presented by Rev. Father James to the following nurses: Misses Margaret McManaman, Loretta Lonergan, Margaret Spain, Rose Bechard, Anna Currie, Rose Denormy, Lyla Masterson and Hazel Gray. A fine musical programme was given and several addresses delivered, after which the new graduates were at home to their friends.

A very enjoyable dance was given by the A. A. of St. Joseph's Hospital on December 2nd, in the Knights of Columbus Hall. A large number of nurses and their friends were present.

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MANITOBA

Miss M. Montgomery ('07), late Night Superintendent of the Winnipeg General Hospital, has accepted the position of Assistant Superintendent, succeeding Miss Laidlaw, the announcement of whose marriage appears on another page.

Miss M. Hermann ('07) resigned the position of matron of Dauphin Hospital, and is now Night Superintendent of Nurses at the W. G. H.

Rev. Mr. and Mrs. Williams (nee Howland ('12) left for China on December 8th, after a furlough spent partly in Winnipeg.

Several of our graduates have resigned from the Q. A. I. N. S., and have joined the C. A. M. C.

During November the W. G. H. A. A. sent Christmas greetings, accompanied by cake prepared by themselves, to each W. G. H. graduate overseas, both military and missionary, in all some 110.

At the January meeting Mrs. A. Code gave a lecture on food conservation.

Miss Alfreda Attrill ('09), C. A. M. C., who returned on transport duty, visited friends in Saskatchewan and Winnipeg before returning.

Miss Sadie Ferguson ('12), C. A. M. C., has returned from overseas on three months' leave of absence, part of which she expects to spend in California.

Major Arthur I. Fraser, brother of Miss C. DeN. Fraser (W. G. H. '06), was recently killed in action in France. Miss Fraser is on duty in England.

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SASKATCHEWAN

A lage number of nurses attended the Regina Branch of the Saskatchewan Graduate Nurses' Association regular monthly meeting held at the Nurses' Home, General Hospital, on January 4th, 1918.

A very interesting and instructive paper on "Reading for Convalescent Children," given by Miss Hays, was enjoyed by all present.

Amongst the business items of the meeting it was voted to send letters of congratulations to two members of the association, Miss Best and Miss Urquhart, who have lately won special distinction for duty in France.

Six new members were enrolled.

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BRITISH COLUMBIA

The annual meeting of the Vancouver Graduate Nurses' Association was held on Wednesday, January 2nd, at the Nurses' Club, Vancouver, B. C.

The following officers were elected for 1918: President, Mrs. M. E. M. Johnson, Bute Street Hospital; First Vice-President, Miss Turnbull; Second Vice-President, Miss Currie; Secretary-Treasurer, Miss R. Judge, 811 Thurlow Street. Executive Committee, Miss Maud McLeod, Miss Dauphnee, Miss Breeze, Miss Ewart and Miss K. McLeod.

The following scale of charges for nurses belonging to the registry and to the association was decided upon: $4.00 a day, $28.00 per week, for medical and surgical; $4.50 a day, $30.00 per week, for maternity; $5.00 a day, $35.00 per week, for infectious, mental and alcoholic. An extra charge of $5.00 per week for each additional patient. Five dollars for attending an operation or confinement. On twenty-four hours 'duty, at least six hours' sleep and two hours off duty.

Registrar's report for the year ending December, 1917, showed the number of nurses on registry as 157; calls filled, 1,623.

Secretary-Treasurer's report showed the number of members 130, of which twenty-two are on active service.

Miss Minnie Milne (V. G. H.) has accepted a position in the Britannia Mines Hospital, Britannia Beach, B. C.

The second graduation exercises of Victoria Hospital, Revelstoke, B. C., were held in the hospital from 8 to 10 p. m., on Thursday, January 3rd. The programme consisted of musical selections and addresses by Captain Hamilton and Rev. A. Raeburn-Gibson. The diplomas were presented by Dr. Sutherland, the medical superintendent, and the medals

by Miss Skinner, the matron, after which refreshments were served by the Girls' Hospital Auxiliary.

The six nurses in the graduating class looked very smart in their white uniforms, and each carried a bouquet of yellow mums tied with purple ribbons. The class consisted of the following nurses: Ida Harbell, Salmon Arm, B. C.; Marjorie Lee, Revelstoke, B. C.; Ida May Wilcox, Salmon Arm, B. C.; Elsie McEwen, Qu'Appelle, Sask.; Frances Smith, Qu'Appelle, Sask.; Evelyn Wilson, Salmon Arm, B. C. The first two named have completed their course, and are in hospital positions. Miss Harbell is in charge of the hospital at Salmon Arm, and Miss Lee is at Cochrane Hospital, Ont.

Last year's class consisted of two nurses, and both are in hospital positions.

Miss Josie Sutton, graduate of the W. G. H. (Class 1916), who has been Assistant Matron at Melfort, Sask., for the past year, has accepted a position in the Winnipeg General Hospital.

Births

SCYTHES—At Weston, to Mr. and Mrs. Scythes, a daughter. Mrs. Scythes was Miss Tomkins, Toronto Western Hospital.

CALDWELL—At Hemmingford, Que., on November 28th, 1917, to Rev. and Mrs. Caldwell, a son (Arnold Drury). Mrs. Caldwell was Miss Lynch, graduate Toronto Western Hospital.

MEEHAN—On November 29th, 1917, to Mr. and Mrs. Neil Meehan (nee Miss McGarry, graduate of St. Michael's Hospital, Toronto), a daughter.

THIRWELL—On November 20th, 1917, to Mr. and Mrs. Thirwell (nee Miss N. M. Henders, W. G. H., 1914), a daughter.

MANAHAN—On October 20th, 1917, at 106 Grosvenor Avenue, Winnipeg, to Mr. and Mrs. Manahan (nee Miss Edith Paul), a daughter.

GRAHAM—At the Montreal Maternity Hospital, on November 8th, 1917, to Mr. and Mrs. Graham (nee Miss Gertrude Vipond, M. G. H.), a daughter.

HOLLINGSWORTH—At the Kingston General Hospital, on December 11th, 1917, to Rev. and Mrs. C. Hollingsworth (nee Mamie Meldrum, K. G. H., 1909), a son.

WILDJEW—At St. Joseph's Hospital, Chatham, on December 2nd, 1917, to Mr. and Mrs. Herbert Wildjew, a son. Mrs. Wildjew was Miss Veronica Pasey, St. Joseph's Hospital, Chatham, 1912.

ROBERTS—At Detroit, on December 17th, 1917, to Mr. and Mrs. D. R. Roberts, a son, Douglas Harold. (Miss Marie Peck, St. Joseph's Hospital, Chatham, Class 1911.)

Marriages

LAWSON-PHIBBS—At Vancouver, B. C., on Thursday, January 31st, Miss M. Lawson, graduate Seattle General Hospital, to Mr. Chas. J. P. Phibbs, of Prince Rupert, B. C.

UNDERWOOD-COMBER—At Medicine Hat, Alberta, in St. Barnabas' Church, on January 7th, 1918, by the Rev. A. E. Davis, Peter Underwood to Annie Elizabeth Comber (Class of 1917, Medicine Hat General Hospital).

PULVER-LENNARD—On October 21st, 1917, Marjorie Kathleen Lennard (St. Joseph's Hospital, Hamilton, 1917), to Alfred Pulver.

QUINN-MCILRAY—On November 29th, 1917, at St. Patrick's Church, Kearney, Ont., Mae McIlray (St. Michael's Hospital, 1913), daughter of Mr. Daniel McIlray, of Scotia Junction, to Dr. James Quinn, of Preston, Ont.

ALLAN-LYNN—On December 20th, 1917, at the home of the bride's parents, Moscow Avenue, Toronto, Anna Lynn (Riverdale Hospital, Toronto), to Dr. Henry Allen, of Albany, N. Y.

GLASS-STEWART—On Tuesday, January 3rd, 1918, at Westminster Church, Saskatoon, Sask., Elsa M. Stewart (Saskatoon General Hospital, 1917), to Perry E. Glass, of Kerrobert, Sask.

SIBBIT-BROWN—At Winnipeg, on Thanksgiving Day, Annie Brown (W. G. H., 1917), to Mr. F. W. Sibbit, of Winnipeg.

HARRINGTON-LAIDLAW—At Winnipeg, on November 14th, 1917, Miss Isabel Laidlaw (W. G. H., 1917), to Dr. Harrington, of Dauphin, Manitoba.

ARGUE-JOHNSTONE—At London, England, in January, 1918, Annie E. Johnstone (W. G. H., 1907), to Capt. R. Fletcher Argue, formerly Professor at Wesley College, now Chaplain overseas. Miss Johnstone served in Malta and France, leaving Winnipeg over two years ago.

BEATTIE-CHRISTIE—At Edinburgh, Scotland, in December, 1917, Nursing Sister Nellie Christie, of Edinburgh, to Pte. Rev. J. Irwin Beattie, of Vancouver, B. C. Miss Christie was a graduate of K. G. H., 1914.

Deaths

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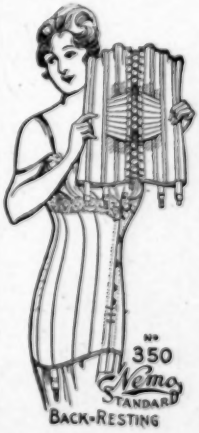

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